### Appendix 3

**Study Name:** _______________

**DXA SCAN CASE REPORT FORM (CRF)**

<table>
<thead>
<tr>
<th>Patient Number (PID):</th>
<th>Date Scan Done: m m m d d y y</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protocol Number:</td>
<td>Site Number:</td>
</tr>
<tr>
<td>Week:</td>
<td></td>
</tr>
</tbody>
</table>

Please include this form with scans and use a separate form for each scan.

Technician's name: ________________________________________________

Phone number: ______________________ E-mail: ______________________

Remember that Whole Body, Hip and Spine DXA scans are required (if applicable to your study).

1. Specify the following information about the type of instrument used:
   a. Manufacturer: ________________________________________________
   b. Model Number/Serial Number: _________________________________
   c. Software Version: ___________________________________________

2. Were the images sent to Tufts for analysis?
   - Yes    - No (specify reason): ________________________________

3. Date images were sent to Tufts: m m m d d y y y y

4. How were the data sent?
   - floppy disk
   - CD ROM or Other (specify): ________________________________

5. Have the images been stored on a computer hard-drive and/or back-up media?
   - Yes    - No (specify reason): ________________________________

6. Are there any technical comments about the DXA scanning?
   - None

Comments: ______________________________________________________

Send this form, disk and hard copy paper printouts to:
Andrea Desilets, 150 Harrison Ave., Jaharis 212, Boston, MA 02111